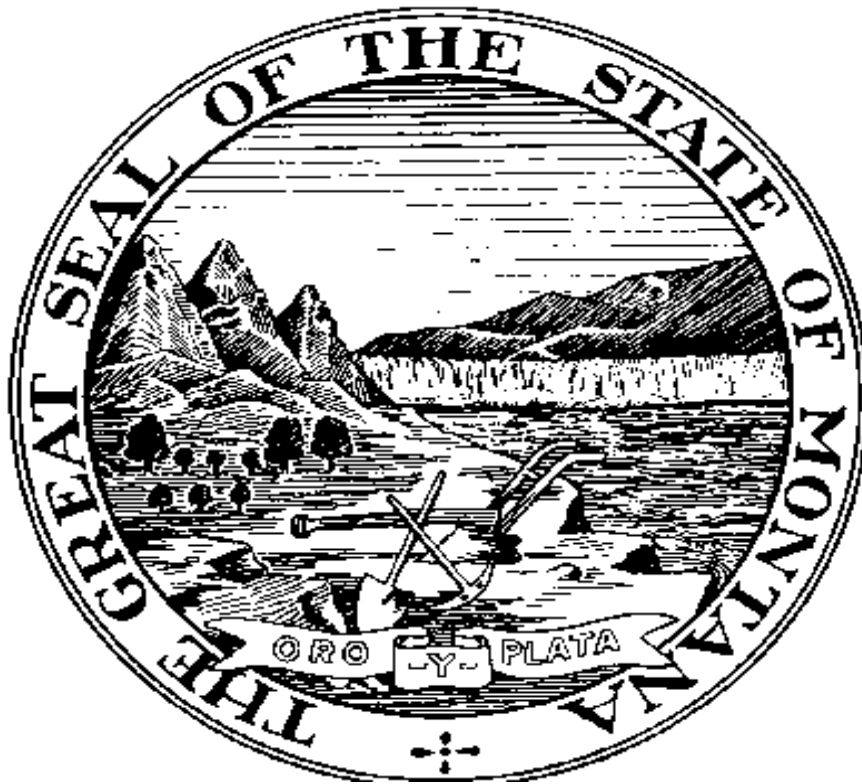


First Aid Training Requirements

Occupational Safety and Health Bureau



Montana

Department of Labor & Industry

Prepared for Montana Employers
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FIRST AID REQUIREMENTS

GENERAL INDUSTRY:

GENERAL ENVIRONMENTAL CONTROLS - Temporary labor camps.

1910.142(k)

- (1) Adequate first aid facilities approved by a health authority shall be maintained and made available in every labor camp for the emergency treatment of injured persons.
- (2) Such facilities shall be in charge of a person trained to administer first aid and shall be readily accessible for use at all times.

MEDICAL AND FIRST AID - Medical services and first aid.

1910.151

- (a) The employer shall ensure the ready availability of medical personnel for advice and consultation on matters of plant health.
- (B) In the absence of an infirmary, clinic, or hospital in near proximity to the workplace, which is used for the treatment of all injured employees, a person or persons shall be adequately trained to render first aid. First aid supplies approved by the consulting physician shall be readily available.
- (C) Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use.

WELDING, CUTTING AND BRAZING - General requirements.

1910.252(c)

- (13) First-aid equipment. First-aid equipment shall be available at all times. All injuries shall be reported as soon as possible for medical attention. First aid shall be rendered until medical attention can be provided.

SPECIAL INDUSTRIES - Textiles.

1910.262

First aid. Wherever acids or caustics are used, provision shall be made for a copious and flowing supply of fresh, clean water.

SPECIAL INDUSTRIES - Pulpwood logging

1910.266(c)(1)

(viii) First aid kits sufficient for the number of employees shall be provided at the work site and on all transport vehicles. In all areas where poisonous snakes may exist, snakebite kits shall be a part of the regular first aid equipment. First aid kits shall be regularly inspected and replenished.

CONSTRUCTION:

GENERAL SAFETY AND HEALTH PROVISIONS - First aid and medical attention.

1926.23 First aid and medical attention.

First aid services and provisions for medical care shall be made available by the employer for every employee covered by these regulations. Regulations prescribing specific requirements for first aid, medical attention, and emergency facilities are contained in Subpart D of this part.

1926.50 Medical services and first aid.

- (a) The employer shall insure the availability of medical personnel for advice and consultation on matters or occupational health.
- (b) Provisions shall be made prior to commencement of the project for prompt medical attention in case of serious injury.
- (c) In the absence of an infirmary, clinic, hospital, or physician, that is reasonable accessible in terms of time and distance to the worksite, which is available for the treatment of injured employees, a person who has a valid certificate in first-aid training the U.S. Bureau of Mines, the American Red Cross, or equivalent training that can be verified by documentary evidence, shall be available at the worksite to render first aid.
- (d)(1) First-aid supplies approved by the consulting physician shall be easily accessible when required.
- (2) The first aid kit shall consist of materials approved by the consulting physician in a weatherproof container with individual sealed packages for each type of item. The contents of the first-aid kit shall be

checked by the employer before being sent out on each job and at least weekly on each job to ensure that the expended items are replaced.

(e) Proper equipment for prompt transportation of the injured person to a physician or hospital, or a communication system for contacting necessary ambulance service, shall be provided.

(f) The telephone numbers of the physicians, hospitals, or ambulances shall be conspicuously posted.

(g) Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use.

MOTOR VEHICLES, MECHANIZED EQUIPMENT, AND MARINE OPERATIONS - Marine operations and equipment

1926.605

(d) First aid and lifesaving equipment.

(1) Provisions for rendering first aid and medical assistance shall be in accordance with Subpart D of this part.

(2) The employer shall ensure that there is in the vicinity of each barge in use at least one U.S. Coast Guard-approved life-ring with not less than 90 feet of line attached, and at least one portable or permanent ladder which will reach the top of the apron to the surface of the water. If the above equipment is not available at the pier, the employer shall furnish it during the time that he is working the barge.

(3) Employees walking or working on the unguarded decks of barges shall be protected with U.S. Coast Guard-approved work vests or buoyant vests.

UNDERGROUND CONSTRUCTION, CAISSON, COFFERDAMS AND COMPRESSED AIR - Compressed air.

1926.803(b)

(7) A fully equipped first aid station shall be provided at each tunnel project regardless of the number of persons employed. An ambulance or transportation suitable for a litter case shall be at each project.

(8) Where tunnels are being excavated from portals more than 5 road miles apart, a first aid station and transportation facilities shall be provided at each portal.

POWER TRANSMISSION AND DISTRIBUTION - General requirements.

1926.950

(e) Emergency procedures and first aid.

(1) The employer shall provide training or require that his employees are knowledgeable and proficient in:

(i) Procedures involving emergency situations, and

(ii) First-aid fundamentals including resuscitation.

(2) In lieu of paragraph (e)(1) of this section the employer may comply with the provisions of 1926.50(c) regarding first-aid requirements.

GUIDELINES FOR BASIC FIRST AID TRAINING PROGRAMS

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GUIDELINES FOR BASIC FIRST AID TRAINING PROGRAMS

I. OVERVIEW

OSHA does not teach first aid courses, or certify first aid training courses for instructors or trainees. The goals of these guidelines are to provide institutions teaching first aid courses, consumers of these courses, and OSHA personnel who review courses, the essential elements of what OSHA considers a basic first aid program.

II. INTRODUCTION

In the United States, injuries (all types) may represent the single most important public health problem. Moreover, estimates of work related injury fatalities may exceed 10,000 workers per year, while work related disabling injuries number approximately million. Approximately 35 million lost workdays occur each year due to nonfatal injuries. The direct and indirect costs of occupational injuries is estimated to be 47 billion dollars per year.

The outcome of occupational injuries depends not only on the severity of the injury, but also the rendering of first aid care. Prompt, properly administered first aid care can mean the difference between life and death, rapid vs. prolonged recovery, temporary vs. permanent disability.

Given the potential positive impact first aid care can provide, several OSHA standards have included first aid provisions (General Industry (CFR 1910.151), Construction (CFR 1926.50), Shipyard (CFR 1915.98), Long shoring (CFR 1918.96, Diving (CFR 1910.410), Hazardous Waste and Emergency Response (CFR 1910.120), Temporary Labor Camps (CFR 1910.142), and First Aid and Lifesaving Facilities (CFR 1917.26). Although these standards require first aid training, they do not specify what constitutes adequate training.

In the United States first aid training is primarily received through the American Red Cross, the National Safety Council, and private institutions. The American Red Cross offers standard and advanced first aid courses throughout the United States via their local chapters. After completion of the course and successful passing of the written and practical tests, trainees receive two certificates; one in adult cardiopulmonary resuscitation (CPR) and the other in first aid. The National Safety Council provides educational materials to train individuals in basic first aid knowledge and skills. However, they do not conduct training courses or certify trainers or trainees. Private institutions also teach courses in basic first aid, but they do not certify their trainees.

III. GENERAL PROGRAM ELEMENTS

A. Teaching Methods

1. Trainees should develop "hands on" skills through the use of manikins and trainee partners during their training.
2. Trainees should be exposed to acute injury and illness settings as well as the appropriate response to

those settings through the use of visual aids, such a video tape and slides.

3. Training should include a course workbook that discusses first aid principles and responses to settings that require interventions.
4. Training duration should allow enough time for particular emphasis on situations likely encountered in particular workplaces.
5. An emphasis on quick response to first aid situations should be incorporated throughout the program.

B. Principles of responding to a health emergency.

The training program should include instruction in:

1. Injury and acute illness as a health problem.
2. Interactions with the local emergency medical services system. Trainees have the responsibility for maintaining a current list of emergency telephone numbers (police, fire, ambulance, poison control) easily accessible to all employees.
3. The principles of triage.
4. The legal aspects of providing first aid services.

C. Methods of surveying the scene and the victim(s).

The training program should include instruction in:

1. The assessment of scenes that require first aid services including:
 - a. General scene safety.
 - b. Likely event sequence.
 - c. Rapid estimate of the number of persons injured.
 - d. Identification of others able to help at the scene.
2. Performing a primary survey of each victim including airway, breathing and circulation assessments as well as the presence of any bleeding.
3. The techniques and principles of taking a victim's history at the scene of an emergency.
4. Performing a secondary survey of the victim including assessments of vital signs, skin appearance, head and neck, eye, chest, abdomen, back, extremities, and medical alert symbols.

D. Basic Adult Cardiopulmonary Resuscitation (CPR).

1. Basic Adult CPR training should be included in the program. Retesting should occur every year. The training program should include instruction in:

- a. Establishing and maintaining adult airway patency.
- b. Performing adult breathing resuscitation.
- c. Performing adult circulatory resuscitation.
- d. Performing choking assessments and appropriate first aid interventions.
- e. Resuscitating the drowning victim.

E. Basic First Aid Intervention.

Trainees should receive instruction in the principles and performance of:

1. Bandaging of the head, chest, shoulder, arm, leg, wrist, elbow, foot, ankle, fingers, toes, and knees.
2. Splinting of the arm, elbow, clavicle, fingers, hand, forearm, ribs, hip, femur, lower leg, ankle, knee, foot, and toes.
3. Moving and rescuing victims including one and two person lifts, ankle and shoulder pulls, and the blanket pull.

F. Universal Precautions.

1. Trainees should be provided with adequate instruction on the need for and use of universal precautions. This should include:

- a. The meaning of universal precautions, which body fluids are considered potentially infectious, and which are regarded as hazardous.
- b. The value of universal precautions for infectious diseases such as AIDS and Hepatitis B.
- c. A copy of the OSHA proposed Standard for occupational exposure to blood borne pathogens or information on how to obtain a copy.
- d. The necessity for keeping gloves and other protective equipment readily available and the appropriate use of them.
- e. The appropriate tagging and disposal of any sharp item or instrument requiring special disposal measures such as blood soaked material.
- f. The appropriate management of blood spills.

G. First Aid Supplies.

The first aid provider should be responsible for the type, amount, and maintenance of first aid supplies needed for their particular plant. These supplies need to be stored in a convenient area available for emergency access.

H. Trainee Assessments.

Assessment of successful completion of the first aid training program should include instructor observation of acquired skills and written performance assessments. First aid skills and knowledge should be reviewed every three years.

I. Program update.

The training program should be periodically reviewed with current first aid techniques and knowledge. Outdated material should be replaced or removed.

IV. SPECIFIC PROGRAM ELEMENTS

A. Type of injury training.

1. Shock

Instruction in the principles and first aid intervention in:

- a. Shock due to injury.
- b. Shock due to allergic reactions.
- c. The appropriate assessment and first aid treatment of a victim who has fainted.

2. Bleeding

- a. The types of bleeding including arterial, venous, capillary, external and internal.
- b. The principles and performance of bleeding control interventions including direct pressure, pressure points, elevation, and pressure bandaging.
- c. The assessment and approach to wounds including abrasions, incisions, lacerations, punctures, avulsions, amputations, and crash injuries.
- d. The principles of wound care including infection precautions, wounds requiring medical attention, and the need for tetanus prophylaxis.

3. Poisoning

Instruction in the principles and first aid intervention of:

- a. Alkali, acid and systemic poisons. In addition, all trainees should know how and when to contact the local Poison Control Center. Poison Control Contact Number: 1-800-525-5042.
- b. Inhaled poisons including carbon monoxide, carbon dioxide, smoke, and chemical fumes, vapors and gases as well as the importance of assessing the toxic potential of the environment to the rescuer and the need for respirators. Trainees should be instructed in the acute effect of chemicals utilized in their plants, the location of chemical inventories, material safety data sheets (MSDS), chemical emergency information, and antidote supplies.
- c. Topical poisons including poison ivy, poison sumac, poison oak, and insecticides.
- d. Drugs of abuse including alcohol, narcotics such as heroin and cocaine, tranquilizers, and amphetamines.

4. Burns

Instruction in the principles and first aid intervention of:

- a. Assessing the severity of the burn including first degree, second degree, and third degree burns.
- b. Differentiate between the types of third degree burns (thermal, electrical, and chemical) and their specific interventions. Particular attention should be focused upon chemical burns, and the use of specific chemicals in the workplace that may cause them.

5. Temperature Extremes

Instruction in the principles and first aid intervention of:

- a. Exposure to cold including frostbite and hypothermia.
- b. Exposure to heat including heat cramps, heat exhaustion, and heat stroke.

6. Musculoskeletal Injuries

The training program should include instruction in the principles and first aid intervention in:

- a. Open fractures, closed fractures, and splinting.
- b. Dislocations, especially the methods of joint dislocations of the upper extremity. The importance of differentiating dislocations from fractures.
- c. Joint sprains.
- d. Muscle strains, contusions, and cramps.
- e. Head, neck, back, and spinal injuries.

7. Bites and Stings

Instruction in the principles and first aid intervention in:

- a. Human and animal (especially dog and snake) bites.
- b. Bites and stings from insects (spiders, ticks, scorpions, hornets and wasps). Interventions should include responses to anaphylactic shock; other allergic manifestations; rabies and tetanus prophylaxis

8. Medical Emergencies

Instruction in the principles and first aid intervention of:

- a. Heart attacks.
- b. Strokes.
- c. Asthma attacks.
- d. Diabetic emergencies including diabetic coma, insulin shock, hyperglycemia, and hypoglycemia.
- e. Seizures including tonic-clonic and absence seizures. Importance of not putting gags in mouth.
- f. Pregnancy including the appropriate care of any abdominal injury or vaginal bleeding.

9. Confined Spaces

- a. The danger of entering a confined space to administer first aid without having the appropriate respiratory protection. If first aid personnel will be required to assist evacuations from confined spaces additional training will be needed.

B. Site of Injury Training.

Instruction in the principles and first aid intervention of injuries to the following sites.

1. Head and Neck

- a. Including skull fractures, concussions, and mental status assessments with particular attention to temporary loss of consciousness and the need for referral to a physician.
- B. Including the appropriate approach to the management of the individual who has suffered a potential neck injury or fracture.

2. Eye

- a. Foreign bodies, corneal abrasions and lacerations.
- b. Chemical burns and the importance of flushing out the eye.
- b. The importance of not applying antibiotics without physician supervision.

3. Nose

- a. Nose injuries and nose bleeds.

4. Mouth and Teeth

- a. Oral injuries, lip and tongue injuries, and broken and removed teeth. The importance of preventing inhalation of blood and teeth.

5. Chest

- a. Rib fractures, flail chest, and penetrating wounds.

6. Abdomen

- a. Blunt injuries, penetrating injuries, and protruding organs.

7. Hand, Finger, and Foot Injuries

- a. Finger/toe nail hematoma, lacerations, splinters, finger avulsion, ring removal, and foreign bodies.
- b. The importance of identifying amputation care hospitals in the area. When an amputation occurs, appropriate handling of amputated fingers, hands, and feet during the immediate transportation of the victim and body part to the hospital.